	Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unles PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Applipedioprof Docket Number 40			
		CLAIMS AS F!LED - PART I (Column 1) (Column 2)					SMALL E	NTITY	OR	OTHER SMALL	
	FOR	NUMBE	R FILED	NUMBE	R EXTRA	-	RATE	FEE		RATE	,790
	C FEE FR 1.16(a))					-		.325	OR		: 190
	L CLAIMS FR 1.18(c))		minus 20			L	×მ ა ₌		OR	× :50=	
INDE (37 C	PENDENT CLAIM FR 1.16(b))	S	minus 3				× 100		OR	×:900	
MULT	TIPLE DEPENDEN	IT CLAIM PRESEN	т (37	7 CFR 1.16(d))		L	<u>-:180</u>		OR	+.360	
· If th	e difference in co	olumn 1 is less tha	n zero, ent	er "0" in column	2.		TOTAL		OR	TOTAL	<u>. </u>
	CI	AIMS AS AME	NDFD -	- PART II	•						
		YIIVIO AO AIVIL	NOLD						OR	OTHER	
		(Column 1)		(Column 2) HIGHEST	(Column 3)	ו ר	SMALL E	NIIIY	ı	SMALL	ENTITY
	ngga ag sa sasarag	CLAIMS "REMAINING" AFTER		NUMBER PREVIOUSLY	PRESENT EXTRA	i in the	"F-RATE	TIONAL	Kous ig⊃di	ely es Total Consess	HUNAL
I N		AMENDMENT	Minus	PAID FOR	=		77	FEE		×:50₌	FEE
\ <u>\S</u>	Total (37 CFR 1.16(c))			***	E		× c 5 =		OR		<u> </u>
AMENDMEN	Independent (37 CFR 1.16(b))	•	Minus				x s #0 ©		OR	× 200	
	FIRST PRESENTA	ATION OF MULTIPLE	DEPENDE	NT CLAIM (37 CI	R 1.16(d))		+:/8@		OR	+.360	
					•		TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3).				• ,		
8		CLAIMS REMAINING		HIGHEST NUMBER	PRESENT		RATE	ADDI-		RATE	ADDI-
뒫		AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA			TIONAL FEE			TIONAL FEE
ENDMENT	Total (37 CFR 1.16(c))	14	Minus	<i>"20</i>	=		x , <u>ටුර</u> _		OR	x . 50-	
	Independent (37 CFR 1.16(b))	• 4	Minus	" 3	=		× : 100		OR	× 900	
A A		ATION OF MULTIPLE	DEPENDE	NT CLAIM (37 C	FR 1.16(d))		+.180		OR	035,+	
\vdash		· · · · · · · · · · · · · · · · · · ·					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)				-		
3		CLAIMS		HIGHEST NUMBER	PRESENT		RATE	ADDI-	1	RATE	ADDI-
		REMAINING AFTER AMENDMENT	·	PREVIOUSLY PAID FOR	EXTRA	11	, , , , ,	TIONAL			TIONA FEE
N N	Total (37 CFR 1.16(c))	VIAITIADIAITIA	Minus	**	=	1	× : <u>35</u> =		OR	x 5 0=	
AMENDMENT	Independent (37 CFR 1.16(b))	•	Minus	***	=	1	×:100		OR	х . ЭФ	
AME		ATION OF MULTIPL	E DEPENDI	ENTICLAIM (37 C	FR 1.16(d))	1	+.180		OR	+ ,360	
	FIRST PRESENT	WOLLIE		(0	· · · · · · · · · · · · · · · · · · ·	1	• • • • • •	L	J ~	TOTAL	

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

· -	PATENT		ctive Oct	ober 1, 20	003	TION REC	Ŕ		Applica 516	733	Docket N 354	umber
_	CLAIMS AS FILED - PART I (Column 1) (Column 2)								ENTITY	O		R THAN
	OTAL CLAIM	S .	1.15	15				RATE	FEI		RATE	
F	OR	·	NUMBE	NUMBER FILED NUI				BASIC F	EE 385.	ω _O	BASIC FE	
Ţ	OTAL CHARG	EABLE CLAIMS	15 0	15 minus 20= *				XS 9:	. -		X\$18=	1
۱'n	DEPENDENT	CLAIMS	3	3 minus 3 = *				X43=	+-			
М	ULTIPLE DEP	ENDENT CLAIM	RESENT						+	- 0	`-	
1	f the difference	e in column 1 is	s less than	less than zero, enter "0" in column 2			,	+145=	+		+290=	
		CLAIMS AS			•		•	TOTAL	138		R TOTAL	L
<u>. </u>	Q	· (Column 1)		Colum		_(Column 3)		SMAL	L ENTITY	of		R THAN ENTITY
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE	ADDI TIONA FEE		RATE	ADDI- TIONAL FEE
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eń.		CLAIMS		(Colum	ST	(Column 3)	Ė		1 400:	-,	· · · · ·	
AMENDMENT B		REMAINING AFTER AMENDMENT		PAID F	ISLY	PRESENT EXTRA		RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE
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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number 5169-0011-1-1

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL:	OB	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			15			RATE	FEE	7	RATE	FEE
FOR			NUMBER	FILED NUM	BER EXTRA	BASIC FE		OR		
Τ	TAL CHARGE	ABLE CLAIMS	15 minus 20= *		_	X\$ 9=	1-	OR	X\$18=	
IN	DEPENDENT C	LAIMS	3 mi	nus 3 = *		X43=	-	OR	X86=	
ML	MULTIPLE DEPENDENT CLAIM PRESENT						_	OR	+290=	
* 11	the difference	TOTAL	785	OR	TOTAL					
	C	SMALL	. ENTITY	OR	OTHER SMALL I					
ENT A		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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┞╴	FINST PRESE	NIAHON OF MI	JETIPLE DEF	PENDENT CLAIR	<u>" </u>	+145=		OR	+290=	
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ļ,		(Column 1)		(Column 2)	(Column 3)			_		
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	全 章	=	X\$ 9=		OR	X\$18=	
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╚	FIRST PRESE	INTATION OF MIC	LIPLE DEF	ENDENT CLAIN	<u>' </u>	+145=		OR	+290=	
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AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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ш	rmai Pheae	+145=		OR	+290=					
** }	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.									
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